

Program Evaluation

For each item, please circle the number that indicates the degree to which the following attributes were met using the scale below.

5=Almost Always 4=Frequently 3=Occasionally 2=Seldom 1=Almost Never

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|---|---|---|---|---|---|
| 1. Handouts/teaching aids were helpful and well organized. | 5 | 4 | 3 | 2 | 1 |
| 2. There was enough time to cover all material. | 5 | 4 | 3 | 2 | 1 |
| 3. Ideas were communicated clearly. | 5 | 4 | 3 | 2 | 1 |
| 4. Presenter(s) gave personal attention to participants when necessary. | 5 | 4 | 3 | 2 | 1 |
| 5. Questions were answered to my satisfaction. | 5 | 4 | 3 | 2 | 1 |
| 6. Presenter(s) exhibited enthusiasm and competence in the subject. | 5 | 4 | 3 | 2 | 1 |
| 7. I would recommend this program to other co-workers/colleagues who also need TB education and skin test training. | 5 | 4 | 3 | 2 | 1 |

8. Please provide any additional comments you have regarding the strengths/weaknesses of the program.

9. What changes would you make to the program?

10. How will this course assist you in your job?

11. What further TB training do you need (if any)?
